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SENATE BILL 786

47TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2005

INTRODUCED BY

Bernadette M Sanchez

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO HEALTH DISPARITIES AND DATA COLLECTION; AMENDING A SECTION OF THE NMSA 1978.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. Section 24-14A-3 NMSA 1978 (being Laws 1989, Chapter 29, Section 3, as amended) is amended to read:

"24-14A-3. HEALTH INFORMATION SYSTEM- - CREATION- - DUTIES OF COMMISSION. - -

A. The "health information system" is created for the purpose of assisting the commission, legislature and other agencies and organizations in the state's efforts in collecting, analyzing and disseminating health information to assist:

(1) in the performance of health planning and policymaking functions, including identifying personnel,

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1 facility, education and other resource needs and allocating
2 financial, personnel and other resources where appropriate;

3 (2) consumers in making informed decisions
4 regarding health care; and

5 (3) in administering, monitoring and
6 evaluating a statewide health plan.

7 B. In carrying out its powers and duties pursuant
8 to the Health Information System Act, the commission shall not
9 duplicate databases that exist in the public sector or
10 databases in the private sector to which it has electronic
11 access. Every governmental entity shall provide the commission
12 with access to its health-related data as needed by the
13 commission. The commission shall collect data from data
14 sources in the most cost-effective and efficient manner.

15 C. The commission shall establish, operate and
16 maintain the health information system.

17 D. In establishing, operating and maintaining the
18 health information system, the commission shall:

19 (1) obtain information on the following health
20 factors:

21 (a) mortality and natality, including
22 accidental causes of death;

23 (b) morbidity;

24 (c) health behavior;

25 (d) disability;

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- 1 (e) health system costs, availability,
2 utilization and revenues;
- 3 (f) environmental factors;
- 4 (g) health personnel;
- 5 (h) demographic factors;
- 6 (i) social, cultural and economic
7 conditions affecting health, including language preference;
- 8 (j) family status; [~~and~~]
- 9 (k) medical and practice outcomes as
10 measured by nationally accepted standards and quality of care;
11 and
- 12 (1) participation in clinical research
13 trials;
- 14 (2) give the highest priority in data
15 gathering to information needed to implement and monitor
16 progress toward achievement of the state health policy,
17 including determining where additional health resources such as
18 personnel, programs and facilities are most needed, what those
19 additional resources should be and how existing resources
20 should be reallocated;
- 21 (3) standardize collection and specific
22 methods of measurement across databases and use scientific
23 sampling or complete enumeration for collecting and reporting
24 health information;
- 25 (4) take adequate measures to provide health

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1 information system security for all health data acquired under
2 the Health Information System Act and protect individual
3 patient and provider confidentiality. The right to privacy for
4 the individual shall be a major consideration in the collection
5 and analysis of health data and shall be protected in the
6 reporting of results;

7 (5) adopt and promulgate [~~regulations~~] rules
8 necessary to establish and administer the provisions of the
9 Health Information System Act, including an appeals process for
10 data sources and procedures to protect data source proprietary
11 information from public disclosure;

12 (6) establish definitions, formats and other
13 common information standards for core health data elements of
14 the health information system in order to provide an integrated
15 financial, statistical and clinical health information system,
16 including a geographic information system, that allows data
17 sharing and linking across databases maintained by data sources
18 and federal, state and local public agencies;

19 (7) develop and maintain health and health-
20 related data inventories and technical documentation on data
21 holdings in the public and private sectors;

22 (8) collect, analyze and make available health
23 data to support preventive health care practices and to
24 facilitate the establishment of appropriate benchmark data to
25 measure performance improvements over time;

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1 (9) establish and maintain a systematic
2 approach to the collection and storage of health data for
3 longitudinal, demographic and policy impact studies;

4 (10) use expert system-based protocols to
5 identify individual and population health risk profiles and to
6 assist in the delivery of primary and preventive health care
7 services;

8 (11) collect health data sufficient for
9 consumers to be able to evaluate health care services, plans,
10 providers and payers and to make informed decisions regarding
11 quality, cost and outcome of care across the spectrum of health
12 care services, providers and payers;

13 (12) collect comprehensive information on
14 major capital expenditures for facilities, equipment by type
15 and by data source and significant facility capacity
16 reductions; provided that for the purposes of this paragraph
17 and Section 24-14A-5 NMSA 1978, "major capital expenditure"
18 means purchases of at least one million dollars (\$1,000,000)
19 for construction or renovation of facilities and at least five
20 hundred thousand dollars (\$500,000) for purchase or lease of
21 equipment, and "significant facility capacity reductions" means
22 those reductions in facility capacities as defined by the
23 advisory committee established by the commission;

24 (13) serve as a health information
25 clearinghouse, including facilitating private and public

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1 collaborative, coordinated data collection and sharing and
2 access to appropriate data and information, maintaining patient
3 and client confidentiality in accordance with state and federal
4 requirements; ~~and~~

5 (14) collect data in the most cost-efficient
6 and effective method feasible and adopt regulations, after
7 receiving recommendations from the advisory committee, that
8 place a limit on the maximum amount of unreimbursed costs that
9 a data source can incur in any year for the purposes of
10 complying with the data requirements of the Health Information
11 System Act; and

12 (15) identify disparities in health care
13 access and quality by aggregating the information collected
14 pursuant to Paragraph (1) of Subsection D of this section by
15 population subgroups to include race, ethnicity, gender and
16 age. "